PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where in m

maintenance fee notification	ns.		ng a new correspondence address	, , ,	
CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Block 1 for a	ny change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
5514 75	90 02/10/2006		C	ertificate of Mailing or Trans	smission
FITZPATRICK (30 ROCKEFELLE NEW YORK, NY		SCINTO PE 4A	I hereby certify that States Postal Service addressed to the M transmitted to the US	this Fee(s) Transmittal is bein with sufficient postage for fir ail Stop ISSUE FEE address PTO (571) 273-2885, on the control	ig deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
		/ anno			(Depositor's name)
		MAR 10 2006 E			(Signature)
		12 M	/		(Date)
APPLICATION NO.	FILING DATE	TA HRAPE T NAM	MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/647,274	08/26/2003	Takak	azu Tanaka	03500.017515.	2637
TITLE OF INVENTION: APPARATUS	ELECTROPHOTOGRAPHI	C PHOTOSENSITIVE ME	MBER, PROCESS CARTRIDO	GE AND ELECTROPHOTOG	GRAPHIC
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/10/2006
EXAM	INER	ART UNIT	. CLASS-SUBCLASS		
. CHAPMAN, MARK A		1756	430-058050		
. Change of correspondenc CFR 1.363).	e address or indication of "Fe		2. For printing on the patent front page, list Fitzpatrick, Cella, Har (1) the pages of up to 3 registered patent attorneys & Scinto		
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
DI EACE NOTE: Unless	1 37 CFR 3.11. Completion of	low, no assignee data will a f this form is NOT a substitu	ppear on the patent. If an assignte for filing an assignment 3/13 DENCE: (CITY and STATE OR	/2006 MBEYENE2 0000001 COUNTRY)	locument has been filed for 3 10647274
CANON KABUSHIKI KAISHA			01 FC YO, JAPAN 02 FC 03 FC	:1504 :8001	300.00 OP 15.00 OP
lease check the appropriate	assignee category or categor	ies (will not be printed on the	c patent): Individual	Corporation or other private gro	oup entity U Government
4a. The following fee(s) are enclosed: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			of Fee(s): ck in the amount of the fee(s) is cent by credit card. Form PTO-20: rector is hereby authorized by ct t Account Number	38 is attached.	edit any overpayment, to ra copy of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See 3	7 CFR 1.27. 🗆 b. App	licant is no longer claiming SMA		
The Director of the USPTO NOTE: The Issue Fee and Penterest as shown by the reco	is requested to apply the Issu bublication Fee (if required) words of the United States Pate	e Fee and Publication Fee (if ill not be accepted from any and Trademark Office.	any) or to re-apply any previou one other than the applicant; a re	sly paid issue fee to the applica gistered attorney or agent; or th	ation identified above. he assignee or other party in
Authorized Signature	Peder	Saxon	Date	March 9,20	006
Typed or printed name <u>F</u>	Peter Saxon		Registration	No. 24,947	
This collection of informatic an application. Confidential submitting the completed at this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313	ity is governed by 35 U.S.C. pplication form to the USPTO for reducing this burden, sh inia 22313-1450. DO NOT S	1. The information is require 122 and 37 CFR 1.14. This control of the control of	ed to obtain or retain a benefit by collection is estimated to take 12 upon the individual case. Any ormation Officer, U.S. Patent an ED FORMS TO THIS ADDRES	the public which is to file (and minutes to complete, includin comments on the amount of tir d Trademark Office, U.S. Depa SS. SEND TO: Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.